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Jan 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 651604

(1)

1. Corporation Name

VENEZOLANA DE INVERSIONES, INC.

Principal Place of Business

1250 SW 27 AVE. STE 306  
MIAMI FL 33135

Mailing Address

1250 SW 27 AVE. STE 306  
MIAMI FL 33135-4749

3. Date Incorporated or Qualified  
12/05/1979

3a. Date of Last Report  
03/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number  
59-1956311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROMERO, MARIA M.  
1250 SW 27TH AVE. STE. 306  
MIAMI FL FL 33135

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME BARBOZA, JOSE RAMON JR  
STREET ADDRESS CALLE 73 NO. 17-80  
CITY-ST-ZIP MARACAIBO VENEZUELA

TITLE TD ☐ DELETE  
NAME BARBOZA, JOSE RAMON  
STREET ADDRESS CALLE 73 NO. 17-80  
CITY-ST-ZIP MARACAIBO VENEZUELA

TITLE SD ☒ DELETE  
NAME QUINTERO PARRA, ANTONIO  
STREET ADDRESS AVE 1B EDIF. DNA ANA  
CITY-ST-ZIP MILAGROS ZULIA VENEZUELA

TITLE S ☒ DELETE  
NAME BARBOZA, RAMON  
STREET ADDRESS CALLE 73 NO. 17-80  
CITY-ST-ZIP MARACAIBO, VENEZUELA

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME Haydee Quintero de Cruz  
3.3 STREET ADDRESS Ave 2 El Milagro Edif. Agua Chica #10A  
3.4 CITY-ST-ZIP Maracaibo Venezuela

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME D  
5.3 STREET ADDRESS Mirna Quintero de Velasco  
5.4 CITY-ST-ZIP Ave 1B Edif. Dna Ana  
Maracaibo Venezuela

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Haydee Quintero de Cruz*

Haydee Quintero de Cruz

1/9/97

(305) 649-2233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)